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# Special Assessment & Recycling Report

**Time Period**  
*(Please Circle)*

JANUARY FEBRUARY MARCH  
 APRIL MAY JUNE  
 JULY AUGUST SEPTEMBER  
 OCTOBER NOVEMBER DECEMBER

Company Name : \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address : \_\_\_\_\_

City, State & ZIP : \_\_\_\_\_

Phone : \_\_\_\_\_

<b>Residential Waste</b>	<b>Quantity</b>		<b>Rate</b>	<b>Total Due</b>
Number of Homes Served :	_____	x	\$0.25 / House	\$ _____
Municipal Contract Homes : (Lebanon & Zionsville)	_____	x	\$0.25 / House	\$ _____
Total Volume of Waste Collected :	_____			tons

<b>Commercial / Industrial Waste</b>				
Cubic Yards Collected :	_____	x	\$0.25 / Cu.Yd.	\$ _____

<b>Clean Fill Disposal</b>				
Tons Disposed :	_____	x	\$0.50 / Ton	\$ _____

**Total Fee Enclosed :** \$ \_\_\_\_\_

*(10% Administrative Fee to be reimbursed by District)*

## Recycling Volume Reporting \* Please report volume in tonnage

Metals : _____	Roofing : _____
Plastic : _____	Yard Waste/Mulch/Compost : _____
Paper : _____	Carpet : _____
Cardboard : _____	Cleanfill / Topsoil : _____
Commingled : _____	Wood : _____
Aggregate : _____	Other : _____